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To:

Division of Corporations

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Fax Number : (850)617-6383

From:

Account Name : ADVOCATE CONSULTING LEGAL GROUP, PLLC

Account Number : 120090000001 Phone : (239)213-0066

Fax Number : (239)213-0598

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

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COVER LETTER

TO:	Registration Se Division of Cor			,	
SUBJ	ን የ	GRANGE RIVER C	APITAL HOLDINGS, LL	_C .	
	sc x		ted Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Plcase	return all correspo	indence concerning this matter	to the following:		
			RACHEL HALL		
			Name of Person		
		ADVOCATE CO	NSULTING LEGAL GROUI	P, PLLC	
			Firm/Company		
3073 HC			QRSESHOE DR S STE 210)	
Address					
	NAPLES, FL 34104				
	City/State and Zip Code				
		RACHE	LH@ADVOCATETAX.COM	<u> </u>	
		E-mail address: (to be used for future annual report noutre	cation)	
For fu	rther information o	concerning this matter, please	call:		
	RA	CHEL HALL	at (239)	213-0066	
	Ияте (of Person	Area Code & Daytine	: Telephone Number	
			•		
Enclo	sed is a check for t	he following amount:			
√ \$2	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	SSS.00 Filing Foc & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)	
	Regis Divisi P.O. I	LING ADDRESS: tration Section fon of Corporations Box 6327 nassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahasses, FL 32	on rations enter Circle	

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If Changing Registered Agent, Signature of New Registered Agent

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Fax: 239+213+0698

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ART	ICLES OF AN	MENDMEN	ΙΤ	
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GRANGE R	IVĖR CAPITA	AL HOLDIN	IGS. LLC	and assigned
(Nume of the Limited (A	Liability Company	as it now appear	rs on our records.)	
(0	Project Clar	mily Company)		\$ A
The Articles of Organization for this Limited Li	ability Company we	ere filed on	5/18/2012	and assigned
Florida document numberL12000067				
Total document humber	· ·			
and the second s				
This amendment is submitted to amend the follo	រសជាថ្មី:			
A. If amending name, enter the new name of	the fimited liabili	ty company he	re:	
	RIVER CAPITA			
The new name must be distinguishable and end wi			•	"LLC" or the abbreviation
"L.L.C."			, <u>-</u>	
Enter new principal offices address, if applic	; abla:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
	And the second s			
B. If amending the registered agent and	or registered office	ce address on	our records, enter	the name of the new
registered agent and/or the new registered o				
	•			
Name of New Registered Agent:				
New Registered Office Address:	·····		enter Florida street d	reldines
	•		oner Pidrida street t	(CEC) GINO
			, Florida	Zip Code
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
	:		- • •	
I hereby accept the appointment as register	ed agent and agre	e to act in this	capacity. I further	agree to comply with It am familiar with and
the provisions of all statutes relative to the accept the obligations of my position as reg	proper and comple	ete perjormana rovided for in t	:e oj my annes, and Chapter 608. F.S. (Or, if this document is
being filed to merely reflect a change in the	registered office	address, I here	by confirm that the	limited liability
company has been notified in writing of this	change.	•	-	

Page 1 of 2

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mi MGRM = I	mager Managing Member	•	
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Add Remove
			Add Remove
			Add
			-
			Add Reinove
			Add Remove
D. If amer	ntling any other information	, enter change(s) here: (Attach additional sheets, if necessary	v)
_			
	MAY 18	2012	
Dated			
	Signatu	ue of a thember or authorized representative of a inember	
		E. GARY COOK	<u></u>
		Typed or printed name of signee	
		Pogs 2 of 2	

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Filing Fee: \$25.00

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